

SHAMANISM AND HEMI-SYNC® IN THE MEDICAL ENCOUNTER

by Cecile A. Carson, M.D.

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Case 1.

It is 3:00 a.m. and I am awakened suddenly from deep sleep by an image of my patient M. drifting out into the cosmos. Inexplicably, I go downstairs and sit in meditation for a few minutes, finding myself saying, "M., come back; come on back," over and over again. I then go back upstairs to bed and to sleep.

I find out a week later from an angry M. that she had once again tried to kill herself, this time with an amount of medication that she calculated to be twice the minimum lethal dose listed in a toxicology text. She was shocked to find herself alive the following morning. She reported taking the pills around 11:00 p.m. the night I had been awakened. She carried the diagnosis of borderline personality disorder, had been quite unstable, and had been working with both her psychiatrist and me as her internist. There had been no inkling of her plan at our last visit two weeks previously, or any contact between us by phone or message.

Case 2.

B. is a physician in her mid-'60s who requested a soul retrieval (1) to resolve her chronic depression for which she is on maintenance medication, and (2) to improve her breathing (she has asthma and uses medication as needed for flare-ups).

We began the session with a brief ceremony to welcome the help of the spirits in returning any soul parts back to B. As the sound of steady drumming began through an audiotape player in the room, I relaxed deeply and moved into an expanded state of awareness, where a Helper met me and took me down a long, dark tunnel to a little girl sitting on the floor in the darkness with one small candle. She was about three to five years old, with dark hair, and looked somber. She gave the impression of being "holed up." Her soul essence was nearby: a soft

glow, in a crate with wide, open slats. The essence agreed to come with me as long as the crate remained around it, for B. to unwrap later.

I was then taken to another place. A rabbit jumped back and forth in front of me over and over again. It was small, energetic, and joyful. It lay on the crate in a protective gesture, and wanted to return to B. to help support the returning soul part. I brought both back and blew them into her heart and head, as the soul retrieval process required, to move them from nonordinary to ordinary reality.¹ She drew in a deep breath each time I blew in. She began crying and laughing as she heard my story of the journey, and said, "The crate is my ribs for breathing." She told me of being beaten in nursery school between the ages of three and five for not speaking German (she had emigrated with her family from Russia to Germany during that time). She had had no conscious memory of this; her mother had told her about this experience in her life. She then described a good family life after the age of five. She also reported a bunny being in her garden each year, and this year it had stayed only a few feet away from her as she worked there.

In my last follow-up conversation with her two years after the soul retrieval, she has had no recurrent bouts of depression; in fact, she reports a rather joyful twenty-four months. She remains on the same amount and type of antidepressant, though it had not held her depression in check in the past. She also reports that although she continues to use inhalers for her asthma, it is well controlled with half the amount of medication she had required before. She continues to have much more energy and creativity daily, and has been actively painting and making wall hangings. All this she reports as temporally related to the soul retrieval, with no other significant events she could correlate (see photo of her drawing depicting the soul retrieval [journal2000spring]).

These cases, and many more from thirteen years in training as a shamanic practitioner, have rocked my concepts of reality and of the nature of the medical encounter. These experiences do not fit the usual biopsychosocial, psychoanalytic, or humanistic explanatory models of health care. How does one make "sense" of contacting and intervening with another person beyond the five physical senses? How is it possible to obtain specific information that has not been given to you verbally or nonverbally through ordinary channels?

Although these experiences defy usual explanations, I feel they should not be dismissed as "epiphenomena" or curiosities. I think they represent true phenomena that are about our relationship to a Larger Order of Things. These phenomena take many forms, and may seem confusing as they are articulated through the particular lens the observer is using. A Jungian analyst might report the phenomena as "synchronicity" or as an aspect of the "collective unconscious"; a religious person as possibly "angelic or divine intervention"; a parapsychologist as "out-of-body" or "psychic" experiences; a shaman as working with "helping

spirits.” It seems to me that it is not so important what we call this larger relationship, but that we recognize its powerful potential in our lives, and particularly in work with patients.

Our ability to know about events through time (precognition), to send “thought messages” to someone at a distance, or to heal at a distance has raised legitimate questions of whether the mind is limited to existence in the physical brain.² Scientific studies over the past several decades have been steadily building up data that verify a reality beyond the five senses. Daniel Benor, MD, made a survey of studies of spiritual healing published in the English language before 1990. He found 131 controlled experiments dealing with healing effects on enzymes, red blood cells, cancer cells, yeasts, plants, animals, and human beings. Fifty-six of the studies showed statistically significant results at a probability level of $<.01$, and twenty-one at a probability level of $.02$ to $.05$.³

“There are no more maps, no more creeds, no more philosophies. From here on in, the directions come straight from the universe.” -Akshara Noor

This quote was my journal entry on January 27, 1985. I had studied with a spiritual healer since 1977, and wanted to explore more about that process. I was attracted to shamanism for two reasons. The first was its organized approach to exploring “nonlocal” phenomena, making their occurrence less random. The second was an unusual encounter with a great horned owl, which flew straight out of the woods to my feet in broad daylight and stood staring up at me at the very moment I was contemplating studying shamanism and its inherent connection to animal guides! The term “shaman” comes from the Russian Tungusic word *saman*,⁴ and means one who journeys in expanded consciousness between “ordinary reality” (our three-dimensional world) and “nonordinary reality” (that dimension in which everything is “alive” or spirit-filled, including all of nature and inanimate objects). The practice is at least twelve thousand years old and is the first organized form of healing. The shaman’s purpose is to make contact with spirit helpers in nonordinary reality to bring back information or healing for individuals or for the community. It is actually the journeying process that distinguishes it from other forms of spiritual healing. A shaman can use a variety of methods for altering his consciousness in preparation for journeying: a sonic driving sound and rhythm such as drumming (often producing predominant frequencies in the theta range of 4-7 cycles/sec.),⁵ rattling (a higher frequency input), and chanting; intense physical states such as fasting, sleep deprivation, prolonged dancing, and heat from sweat baths; and psychotropic plant substances.

Although the shaman may have served several roles in early tribal societies—healer, priest, finder of game, judge—shamanism is not synonymous with religion. It is, however, inextricably linked with spirituality: in a shamanic state of consciousness everything is alive, and all space is sacred. This contrasts with the more familiar ordinary state of consciousness in which we conduct most medical care. In shamanic work, the spirits, rather than the therapist, are in

charge and guide the process of treatment. The therapist is trained to be a “listening ear,” the shaman to be a “hollow bone” to allow the spirits to move through him for healing.

I began initial shamanic training in 1986-87 with Michael Harner, PhD, an anthropologist who teaches what he terms “core shamanism,” the basic process of journeying and divination that is both cross-cultural and transgenerational. Working in a shamanic framework allowed me to think more richly about the factors contributing to a particular illness and to develop a broader base of therapeutic interventions as I worked with a patient. I was struck by the exquisite sense of relationship, both with the patient and with a Larger Process, that the shamanic work provided.

I was introduced to The Monroe Institute programs and the Hemi-Sync technology in 1996. I found myself particularly attracted to its more Westernized method of moving into expanded states of consciousness that patients might be more willing to work with, i.e., music and guided imagery rather than drums and rattles. I was also drawn to the precision of recognizing and utilizing particular states of consciousness-specific Focus levels that moved from physical to nonphysical perception-and being trained to reproduce them voluntarily. I felt like I was getting back behind the wheel of my life, of my Mind. I jumped right in, taking the *GATEWAY VOYAGE*®, *LIFELINE*®, and *GUIDELINES*® programs all in the same year. Although there are many differences in the forms of TMI training and core shamanic practice, there are also definite parallels: (1) a basic affirmation that “we are more than our physical bodies” underscores the shared model of a “nonlocal” Mind; (2) the active work with TMI’s “Guides” or “Inner Self Helpers” allows one to think of them as either “inside” oneself or “outside”; in shamanism, helping spirits are considered to be “outside” unless one is voluntarily merged with them, and the relationship is much more sacred and ceremonial; (3) healing, divination, and psychopomp work (conducting souls to the afterlife)-the bedrock for a shamanic practitioner-have counterparts in TMI training; and (4) both forms embrace the powerful energies of respect, compassion, humility, love, and gratitude.

Naturally, there came the inevitable question of “Which form do I use?” Being both pragmatic and eclectic by nature, I was fortunate to experience similar spirit helpers in both forms: the same crew showed up whether journeying to drums or listening to a Hemi-Sync tape in a CHEC unit. My helping spirits went a bit further, though, advising that (1) whom I needed as a helper would be determined by what I needed for a particular purpose, (2) my intention or purpose in doing the work was more important than the form it took, and (3) guidance would come through either way.

As I moved more deeply into the shamanic training by taking a soul retrieval workshop in 1997 and beginning a three-year intensive in 1998, it became clear that Bob Monroe’s Interstate and Focus levels did not match the shamanic territories of the Upper World, Middle World, and Lower World. Since shamanic work is founded on the spirits being the teachers (the trainers

only help you get to the right place/dimension for the teaching to occur), I journeyed to ask how (or if) to blend the programs. Spirit recommended an amalgam: before leaving ordinary reality to travel to any of the three shamanic domains of nonordinary reality, I could begin to shift my consciousness by moving to Focus 10 and then on to Focus 12. The soul retrieval training did not require me to start in any particular one of the three nonordinary Worlds, so before doing a soul retrieval, I found that going to Focus 15 with my purpose strongly in mind, and being met there in the Void by a Helping Spirit, worked quite well.

Healing

The shaman sees three major causes of illness. The first is loss of power; clues pointing to this diagnosis might be chronic types of problems such as recurrent upper respiratory infections, chronic depression, chronic misfortune. The shaman's role in treating this form of illness would be to journey to nonordinary reality and ask his helping spirits to recover a lost Power Animal, and to bring it back to the patient in ordinary reality. A second major cause of illness is spiritual intrusion; clues to this diagnosis would be a more localized problem such as ulcer, localized pain, cancer. To address this problem, the shaman's role would be to remove the intrusion from the patient's body and neutralize it. It is worthy of note that the shaman does not see the intrusion as evil but rather as misplaced energy, which has entered through an opening or vulnerability in the patient's own power or vitality. The vulnerability is felt to originate from negative thought-forms generated by the patient, especially when the emotions are blocked. A third major cause of illness is soul loss; here "soul" is considered to be one's essence, life force, or vitality. When a person suffers an emotional or physical trauma, a part of their soul disconnects or splits off in order to survive the pain. It goes into nonordinary reality to wait until it is brought back. Sometimes it returns on its own; more often, not. Symptoms of soul loss might include dissociative disorders, addictions, post-traumatic stress disorder, and unresolved grief. Patients often describe this circumstance by saying, "I've never been the same since" The shaman will journey to find help in locating the missing soul part and bring it back if it is willing.⁶

Psychopomp Work

The shaman may also escort the souls of the dead beyond the Middle World if they are trapped there. In the first case in this paper, I think I inadvertently called back the soul of my patient who had suicided; this event occurred spontaneously before I had received any shamanic training. Since much of my work is in counseling people facing life-threatening illness such as HIV disease or cancer, it is very gratifying to be able to offer assistance to help them experience a sense of completion of this life and a sense of moving beyond. Some of my patients and their families have benefited from TMI's *Going Home*[®] series, and I have done TMI's *Lifeline* work both awake and in the dreamtime. Additionally, in an ongoing HIV group I facilitated for several years, I taught the participants to journey to drumming, and then invited

them to ask to be shown the path they would take at the time of their death (an experience I had had in my own shamanic training). Seven of the eight had very positive and deeply felt experiences (the eighth one reported pleasant relaxation). Each was different: one reported geometric figures in multiple spatial alignments; another a pastoral scene; another mostly light and deep emotion. As important as the reassurance they felt was receiving specific information that was helpful for conducting their present lives. A colleague in the shamanic training found a council of her ancestors on one of her journeys. The council asked her to do psychopomp work for some of them. As she completed their requests, she was surprised and moved to find relationships within her present-day family changing and healing.

Divination

In gathering information for self or others, the shaman constantly looks for signs of the sacred domain at work in daily life:

1. **Synchronicities.** This is the phenomenon of meaningful coincidences. I remember driving on an interstate interchange while trying to decide whether to bring up the spiritual dimension in a support group I was starting that evening. At that moment, a large hawk flew right to my windshield, spread its huge wings at me, and veered off into the middle of dense traffic. I took it as a sign to “pay attention” and connected the two—eagles and hawks for me represent spirit messengers as they fly between the worlds. “I’ll talk about it!!” I said to its disappearing back. In fact, I have come to assume that everything that happens to me may have an important message, particularly the “bad” things. If multiple roadblocks keep coming up as I try to push my will through on a pet project, I am learning to read the larger message. Paradoxically, that course of action keeps me more connected to the Larger Order of Things rather than pushing me away.
2. **Casting and/or reading patterns.** Using runes, stones, or patterns on rocks, and walking through nature “seeing” what you notice while holding an important question in mind are all associative ways to open to deeper information.
3. **Journeying.** Asking spirit helpers directly in non-ordinary reality is also a common form of gathering information. TMI’s Guidelines training invites similar forms of divination as in numbers 2 and 3.
4. **Tracking dreams.** In many cultures the dream state is considered an active part of one’s life. People can learn to distinguish between garden-variety dreams and Dreams—the latter being visitations from Spirit as the dreamer engages nonlocal Mind. Dreams can bring information, precognition, and herald illness or healing before they manifest in the physical. A shaman would consider dreaming one way to enter non-ordinary reality, though not necessarily with the same intent and control as entering it from a conscious, waking state. In *Conscious Dreaming: A Spiritual Path for Everyday Life*,⁷ Richard Moss offers an excellent set

of tools for working with this interface, particularly in journeying back into a previous dream which one might have had, to explore its message further. TMI has recently released Lucid Dreaming to train one for increased mindfulness in the dreamtime.

Shamanic Counseling:

Michael Harner has adapted shamanic techniques to Western and psychotherapeutic settings to develop “shamanic counseling,” in which a counselor teaches the patient how to journey to nonordinary reality and facilitates the process, so that the patient gets his own answers directly. I have found this method particularly helpful with my patients, and use taped or live drumming as well as TMI’s Metamusic® tries (the latter with simple guided imagery and process comments) to do this. After several sessions, most people can continue to do it on their own.

CASE 3.

One patient, C., whose son had been killed in an accident three months before, had been hospitalized for depression and attempted suicide after his death, and had been unable to go back to work. At an initial consultation meeting, she reported feeling her son around her at times, and longing to open to him, but being afraid she “wouldn’t want to come back.” I assured her I could get her back if she wanted to experience the contact more deeply. At our next meeting, I used Metamusic *Inner Journey*, with suggestions to relax, to open, and to allow herself to experience any energies or wisdom that wished to make contact for her healing or learning. Shortly after she relaxed into the music in a recliner, her body gave a small jolt, her face flushed, and tears began coursing down from under her blindfold. After a few minutes I invited her to return to ordinary reality. She was radiant as she took the blindfold off, and said, “He’s changed so much! He’s fine, and so much wiser!” She went back to work the next week, and asked to learn how to do this for herself: “I know there must be some reason why I’m still here, and I want to find out.”

It is powerful, and most appropriate, to help a person open the door to “higher purpose” or “meaning of life” issues related to their illness, and to invite their own creativity and spontaneous images into the healing process. Shamanic methods and Hemi-Sync excel at opening doors.

At this point I feel myself and my work shifting irreversibly. I’m clearly “not in Kansas anymore.” Ordinary and non-ordinary reality are merging, blending, and I am having many more experiences that clearly point to All as One. Working and healing in one domain affects all the others: it is just as valid if it occurs in the dreamscape, or in the journey, or in nonordinary reality—they are all resonant forms of one another: hence, my deep knowledge that my own work and service in the world needs to keep changing to accommodate this new way of knowing.

From the shamanic perspective, we are surrounded by compassionate spirits who come to this Middle World—Earth—and use the shaman as an ally to change the events of suffering and illness present here. The shaman uses altered states of consciousness to make a connection and allows the power and compassion from Spirit to flow through him. However, I do not believe one has to have formal shamanic training in order to do soul-level work with a patient. I know that well-done psychotherapy has brought back many a lost soul part, as the therapist holds the safe and sacred space for the fragmented self to come together. I also know many clinicians who give great credence to their hunches and intuitions, not needing to know whether they come from the “right brain” or from the nonlocal Mind. What would it mean for health-care training and practice to take this a step further, beyond the clinician’s and the patient’s individual egos and five senses, to open together to guidance from another dimension that can be far wiser than either of them alone? I look forward to the time when this becomes a “normal” perspective in health care.

References

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3. D. Benor, “Survey of Spiritual Healing Research,” *Complementary Medical Research*, 4:1 (September 1990).
4. M. Eliade, *Shamanism: Archaic Techniques of Ecstasy* (Princeton, N.J.: Princeton Univ. Press, 1964).
5. M. Harner, *The Way of the Shaman* (San Francisco: Harper, 1980).
6. S. Ingerman, *op.cit.*
7. R. Moss, *Conscious Dreaming: A Spiritual Path for Everyday Life* (New York: Crown Trade Paperbacks, 1996).

Additional Resources

Bosnak, R. *Tracks in the Wilderness of Dreaming: Exploring Interior Landscape Through Practical Dreamwork*. New York: Dell, 1997. A guide to exploring dream environments to a destination “far beyond our conscious selves.”

Foundation for Shamanic Studies Website (www.shamanism.org). More information on Michael Harner’s training programs and research.

Hillman, J. *Re-Visioning Psychology*. New York: Harperperennial Library, 1992. A seminal text on the imaginal realm and its power to heal and transform.

Lawlis, G. F., and L. Dossey. *Transpersonal Medicine: The New Approach to Healing Body-Mind-Spirit*. Boston: Shambhala Publications, 1996. A good starting place for the clinician, including rituals, imagery, and co-consciousness transformation.

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